



MICHELLE'S DANCE SCHOOL ENROLMENT FORM

Studio: 53 West Parkway

Colonel Light Gardens SA 5041

Email:hello@michellesdanceschool.com.au

Ph. 0412156140

Principal: Michelle Coe

Name:	Office use only: year Joined
Address:	Date of Birth:
	Postcode:
Parents / Guardian 1 :	Phone:
Parent 2 / Guardian 2 :	Phone:
Email:	
Emergency contact name:	Relationship to child:
Emergency contact phone:	
Medical details: please provide details of any medical conditions which may be relevant to the student while attending dance:	Allergies:
Name of family Doctor:	Ph:
Previous dance experience:	
Any other details relevant to help with child's learning:	

Conditions: (please read carefully)

- ❖ As parent/Guardian of my child attending Michelle's Dance School I fully understand that I am responsible for supervising her before and after set class times.
- ❖ I agree that Michelle's Dance School will not be held responsible for the safety of my child before or after set class times.
- ❖ I understand that other children in the family or friends are not the responsibility of Michelle's dance School unless they are attending a class at a specific time.
- ❖ Should my Child require medical attention whilst attending Michelle's Dance School and I cannot be contacted I authorize Michelle's Dance to take appropriate action on my behalf
- ❖ I agree to pay all fees, costume money and expenses by their due date.

I fully understand and agree to the conditions stated on this form.

Parent/ Guardian name:

Signed:

Date: